

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Greenlee
District _____
Town or City Morenci

BUREAU OF VITAL STATISTICS

State Index - - - No. 154
County Registrar's - No. 42
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Garret F. Parsons

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE M 5. SINGLE, MARRIED, WIDOWED, DIVORCED
(Write the word)
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) May 8-1924
7. AGE Years Months Days
1 2 12 IF LESS than
1 day hrs. min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Globe
(State or country) Ariz.
10. NAME OF FATHER Lewards Parsons
11. BIRTHPLACE OF FATHER Walden
(State or country) Texas
12. MAIDEN NAME OF MOTHER Esther Schenck
13. BIRTHPLACE OF MOTHER Braketville
(State or country) Texas

14. Informant Fernand Paronno
(Address) _____
15. Filed July 21, 1925 J. M. Moore
Local Registrar.
V. S. No. 1 _____
County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 20 1925
17. I HEREBY CERTIFY, That I attended deceased from July 19 1925 to July 20 1925
that I last saw him alive on July 20 1925
and that death occurred, on the date stated above, at 6 A M.
The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____ (Signed) E. J. Tinsley, M. D.

(Address) Morenci

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER J. J. Pascoe July 21, 1925
ADDRESS _____